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iM50/M50

Patient Monitor

Version 1.3

Service Manual

About this Manual

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Statement

This manual will help you understand the operation and maintenance of the product better. It is reminded that the product shall be used strictly complying with this manual. User's operation failing to comply with this manual may result in malfunction or accident for which EDAN INSTRUMENTS, INC. (hereinafter called EDAN) cannot be held liable.

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EDAN holds the rights to modify, update, and ultimately explain this manual.

Responsibility of the Manufacturer

EDAN only considers itself responsible for any effect on safety, reliability and performance of the equipment if:

Assembly operations, extensions, re-adjustments, modifications or repairs are carried out by persons authorized by EDAN, and

The electrical installation of the relevant room complies with national standards, and

The instrument is used in accordance with the instructions for use.

Upon request, EDAN may provide, with compensation, necessary circuit diagrams, and other information to help qualified technician to maintain and repair some parts, which EDAN may define as user serviceable.

Terms Used in this Manual

This guide is designed to give key concepts on safety precautions.

WARNING

A **WARNING** label advises against certain actions or situations that could result in personal injury or death.

CAUTION

A **CAUTION** label advises against actions or situations that could damage equipment, produce inaccurate data, or invalidate a procedure.

NOTE

A **NOTE** provides useful information regarding a function or a procedure.

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Chapter 1 Warranty and Service

Standard Service

EDAN provides a one-year-warranty for the warranted products (accessories are included). The warranty period begins on the date the products are shipped to customers. If a customer promptly notifies EDAN of customer's warranty claim hereunder, EDAN will either repair, adjust or replace (with new or exchange replacement parts) EDAN's products. EDAN warrants that any service it provides to customers will be performed by trained individuals in a workmanlike manner.

Limitation of Warranty

Direct, indirect or final damage and delay caused by the following situations for which EDAN is not responsible may void the warranty:

- ✧ Groupware is dismantled, stretched or redebugged.
- ✧ Unauthorized modification or misuse.
- ✧ Damage caused by operating beyond the environmental specifications for the medical product.
- ✧ Change or remove original serial number label or Manufacturer symbol.
- ✧ Improper use.

Service Procedure

(1) Fill in the **Service Claim Form (SCF)**.

Fill in the SCF with detailed information including: **Model Name, Serial Number (SN) and Problem Phenomena**.

EDAN should not have any obligation to take over the case without this information. The form can be downloaded at: <http://www.edan.com.cn> or obtained from EDAN's Service Department.

(2) Send EDAN the SCF and Select a Solution.

Once the service department receives the fully filled SCF, EDAN's engineer will offer a solution in three working days. EDAN will follow out the case based on the two conditions below:

Within Warranty:

There are two options:

i) After receiving the **Return Material Authorization (RMA)** form from EDAN service department, the customer sends EDAN the defective parts and informs about the shipment tracking number. Then we will dispatch new part(s) to your confirmed address with confirmed shipping invoice.

ii) The customer signs the **Declaration Form** and sends it back by email or fax. This form is legally certificated to make sure the customer or end-user will return the defective parts to EDAN on time. We will, at this option, dispatch the replacement one(s) with confirmed shipping invoice.

NOTES:

- (1) Both Return Material Authorization Form and Declaration Form are offered by EDAN service department once the SCF is confirmed by service engineer.
- (2) The customer is responsible for freight & insurance charges when the equipment is shipped to EDAN for service, including custom charges. EDAN is responsible for the freight, insurance & custom charges from EDAN to the customer.

Out of Warranty:

After receiving the RMA form from the service department, the customer sends defective parts to EDAN in advance. We will analyze the problems and discuss with the customer about either repairing or replacing the part(s). Once the maintenance fee is invoiced and paid, we will make sure to dispatch good part(s) to the confirmed address.

NOTE: The customer is responsible for any freight & insurance charge for the returned product.

- (3) Obtain the RMA Form.

Before the shipment of the materials, the customer must obtain an RMA form from our service department, in which the RMA number, description of returning parts and shipping instructions are included. The RMA number should be indicated on the outside of the shipping container.

NOTE:

EDAN should not have any obligation to the end-user or customer who returns the goods without the notification by EDAN's service department. The sender takes full responsibility for the accounted fee.

- (4) Send the Parts to EDAN.

Follow these recommended instructions:

- ✧ Please disassemble the parts with anti-static facility, do not touch the parts with naked hand.
- ✧ Please pack the parts safely before return.
- ✧ Please put the RMA number on the parcel.
- ✧ Please describe the returned parts as 'sample of *****' and put the total value on the invoice, and note on the invoice as 'sample, no commercial value'.
- ✧ Please confirm the invoice with EDAN before shipment.
- ✧ Please send back the parts after EDAN's confirmation.

Contact Information

If you have any question about maintenance, technical specifications or malfunctions of devices, do not hesitate to contact us.

EDAN Instruments, Inc.

TEL: +86-755-26898321, 26899221

FAX: +86-755-26882223, 26898330

E-mail: support@edan.com.cn

Chapter 2 Safety Guidance

2.1 Introduction

This service manual is a reference for periodic preventive maintenance and corrective service procedures for the iM50/M50 patient monitor. It provides information on troubleshooting, assembly procedures, and instructions for functional testing as well as performance verification. The manual is intended for use only by technically qualified service personnel.

WARNING

Please follow the instructions exactly in accordance with this manual during service. Failure to do so might result in damage to the monitor or personal injury.

2.2 General Information

iM50 Patient Monitor (hereinafter called monitor) is designed in accordance with the international safety requirements in IEC/ EN 60601-1 for medical electrical equipment. Classification information of this equipment is as follows:

Anti-electroshock Type	Class I equipment and internal powered equipment
Anti-electroshock Degree	NIBP, SpO ₂ , CO ₂ BF ECG(RESPIR), TEMP, IBP, Quick TEMP CF
Ingress Protection	IPX1 (No protection against ingress of water if configured with Quick TEMP module)
Degree of Safety in Presence of Flammable Gases	Not suitable for use in presence of flammable gases
Working System	Continuous operation equipment

2.3 Safety Precautions

To avoid possible injury, please observe the following precautions during the operation of the instrument.

WARNING

- The monitor must be serviced only by authorized and qualified personnel. EDAN does not assume any responsibility for damage or injury if modifications or repairs are carried out by unauthorized personnel.












WARNING












- 2 Use and replace the substitutive parts provided or recommended by EDAN only.
- 3 The service personnel must be familiar with the operation of this monitor. Refer to *Patient Monitor User Manual* for details.
- 4 Perform periodic safety test to ensure patient safety. Safety test should include leakage current measurement and insulation testing.
- 5 Disconnect the monitor from power before replacing the fuses which are with the identical specifications.
- 6 **SHOCK HAZARD** – Do not remove the top panel cover during operation or while power is on. The unit cover must be removed only by authorized service personnel.
- 7 **SHOCK HAZARD** – Do not attempt to connect or disconnect the power cord with wet hands. Make sure that your hands are clean and dry before touching the power cord.
- 8 Accessory equipment connected to the analog and digital interface must be certified according to the respective IEC/ EN standards (e.g. IEC/ EN 60950 for data processing equipment and IEC/ EN 60601-1 for medical equipment). Furthermore, all configurations shall comply with the valid version of the system standard IEC/ EN 60601-1. Anybody who connects additional equipment to the signal input connector or signal output connector to configure a medical system must ensure that the system complies with the requirements of the valid version of the system standard IEC/ EN 60601-1. If you have any question, please consult our technical service department or your local distributor.
- 9 Do not remove the battery while AC power is on.
- 10 Do not directly connect the battery to an electric outlet.
- 11 Do not directly solder the lead wire and the batter terminal.











CAUTION



- 1 The device is designed for continuous operation. Avoid splashing water over the device.
- 2 Do not operate the device when it is damp or wet. Avoid using the device immediately after relocating it from a cold environment to a warm and humid environment.
- 3 While the battery is charged, used or stored, keep it away from objects or materials with static electric charges.

2.4 Explanation of Symbols on the Monitor

1		DEFIBRILLATION-PROOF TYPE CF APPLIED PART
2		DEFIBRILLATION-PROOF TYPE BF APPLIED PART
3		Caution
4		MR Unsafe
5		Equipotential grounding
6		Alternating Current
7		Power Supply switch
8		SERIAL NUMBER
9		Network port
10		USB (Universal Serial Bus) Connection
11		Bell cancel – AUDIO OFF

12		NIBP measurement
13		Trend
14		Picture freeze
15		Graphical recorder
16		Menu
17		Video output
18		Nurse call port
19		Write data into store
20		Defibrillator synchronization/Signal output port
21		Output
22		CE marking

23		AUTHORISED REPRESENTATIVE IN THE EUROPEAN COMMUNITY
24		Date of manufacture
25		MANUFACTURER
26	P/N	Part Number
27		General symbol for recovery/recyclable
28		Disposal method
29		Operating instructions
30		Refer to User Manual (Background: Blue; Symbol: White)
31		Warning (Background: Yellow; Symbol & outline: black)
32		Anti-theft lock
33		Gas inlet

34		Gas outlet (evac)
35	IPX1	Ingress Protection IPX1 (Protected against vertically falling water drops)
36	Rx Only	Caution: Federal (U.S.) Law restricts this device to sale by or on the order of a physician.
37		With respect to electrical shock, fire and mechanical hazards only in accordance with UL 60601-1 and CAN/CSA C22.2 No. 601.1, IEC 60601-2-27, IEC 60601-2-30, IEC 60601-2-34, IEC 60601-2-49

NOTE:

The service manual is printed in black and white.

Chapter 3 Installation

WARNING

Only qualified service engineers should install this equipment.

3.1 Environment Requirements

Working	
Temperature	0 °C ~ 40 °C(32 °F~104 °F)
Relative Humidity	15%RH ~ 95%RH (non-condensing)
Atmospheric Pressure	86 kPa ~ 106 kPa
Storage	
Temperature	-20 °C ~ 55 °C(-4 °F~131°F)
Relative Humidity	15%RH ~ 95%RH (non-condensing)
Atmospheric Pressure	70 kPa ~ 106 kPa

NOTE:

- 1 Do not install the monitor in close proximity to flammable anesthetics.
- 2 Keep the environment clean and keep the device away from corrosive medicine. Prevent the device from vibration, high temperature, humidity and exposure to the sun.

3.2 Electrical Requirements

Operating Voltage	100 V-240 V ~
Operating Frequency	50 Hz/60 Hz
Input Current	1.0 A-0.5 A

3.3 Safety Requirements

CAUTION

- 1 **SHOCK HAZARD** – To protect patients and medical staff, the power receptacle must be well grounded. Never adapt the three-prong plug from the monitor to fit a two-socket outlet.
- 2 Do not simultaneously touch the signal input or output connector and the patient.
- 3 The monitor and equipment connected to the monitor should be equipotential to ensure effective grounding.
- 4 Do not switch on the monitor until all units and accessories have been properly connected and verified.

3.4 Installing the Monitor

- To install the monitor on a flat surface.

Place the monitor on a flat surface. Make sure the surface does not vibrate, and is free of corrosive medicine and dust.



iM50 on a Flat Surface



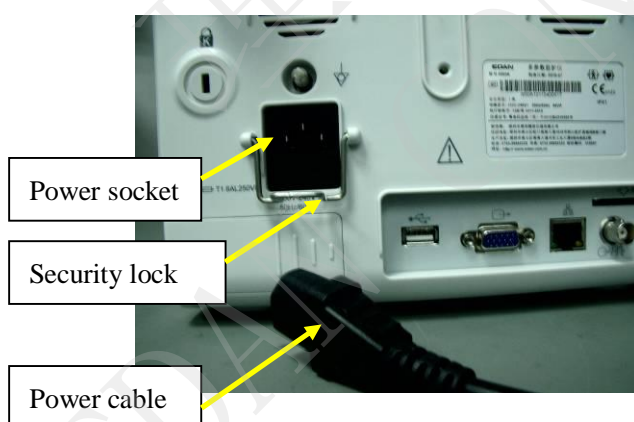
- M50 on a Flat Surface

- To install the monitor on a trolley.

If the user wants to install the monitor on a trolley, please refer to the assembling instruction delivered with the trolley for details.

3.5 Connecting to AC Power

Apply the power cable offered with the monitor. Plug one end of the power cable to the power socket of the monitor before buckling the security lock to the plug as showed below. Then connect the other end to a grounded 3-prong power output special for hospital usage.



Disconnecting



Connecting

Chapter 4 Test and Maintenance

4.1 Routine Test

An overall check of the monitor, including safety check and performance check, should be performed by qualified personnel every 24 months or after service.

4.1.1 Visual Inspection

Before using the monitor, the user must:

- Inspect the monitor and accessories for obvious signs of damage.
- Check the external cables, power socket and power cable.

Do not use the monitor if any damage is detected until the monitor is repaired by the service personnel of EDAN or professional service personnel of the dealer.

4.1.2 Power- on Test

Switch on the monitor after it is connected to the power source and check:

- If the power indicator lights up;
- If the alarm indicators flicker and if the alarm tone is heard;
- If some images and characters are missing;
- If there are bright spots and dark shadows on the LCD screen;
- If the waveforms, fonts and symbols displayed on the LCD screen are normal.

If any failure is detected, refer to section *Monitor Booting Failures* and *Display Failures* for details.

4.1.3 Key Test

Press the keys on the front panel in turn to check if they work properly. When pressing a key, a corresponding functional display is supposed to be seen onscreen. Refer to *Patient Monitor User Manual* for details about the key function. The user can move the cursor by turning the trim knob clockwise or anticlockwise. Also, the user can confirm the operation by pressing the trim knob.

4.1.4 Recording Test

Check if the recorder can perform recording without problem. Also, check if all the recorded traces are correct and clear on the paper.

If any failure is detected, refer to section *Recorder Failures* for details.

NOTE:

Please make sure paper is well loaded and the setting is correct before recording.

4.1.5 Alarm Test

Trigger a signal that is higher than the upper limit or lower than the lower limit to activate a physical alarm. Disconnect one of the accessories from the monitor to activate a technical alarm. Check if the audible and visible alarms work properly.

If any failure is detected, refer to section *Alarm Failures* for defective details.

4.2 Functional Tests and Accuracy Tests

WARNING

- 1 Functional tests and accuracy tests must only be carried out by qualified service personnel.
- 2 If function of the monitor is in question, conduct an overall test on the function and accuracy of the monitor according to the instructions offered by the manufacturer.
- 3 A functional tester, such as ECG simulator, SpO₂ simulator, NIBP simulator and IBP simulator, can only be used to assess the parameter consistency and function but not to be used to assess the clinical measurement accuracy.

A functional check should be performed once possible device malfunction emerges or after servicing the device.

It is unnecessary to open the device case for functional checks.

4.2.1 ECG Functional Test

This test checks the function of the ECG measurement.

Tools required: ECG simulator.

Procedure:

1. Connect the ECG simulator to the monitor with an ECG cable.
2. Switch on the monitor and the simulator.
3. Set the simulator to the following configuration:
 - HR=30 bpm.
4. Check the displayed HR value against the simulator configuration. The value should be 30 bpm ± 1 bpm or $\pm 1\%$ (whichever is greater).

4.2.2 SpO₂ Functional Test

This test checks the function of the SpO₂ measurement.

Tools required: SpO₂ simulator.

Procedure:

1. Connect the monitor and the SpO₂ simulator with a SpO₂ cable.
2. Switch on the monitor and the simulator.
3. Set the simulator to the following configuration:
 - SpO₂ = 70%.
4. Check the displayed SpO₂ value against the simulator configuration. The value should be 70% \pm 2%.

4.2.3 NIBP Functional Test

This test checks the function of the NIBP measurement.

Tools required:

- NIBP simulator;
- T-fitting;
- Extension tube;
- Artificial limb.

Procedure:

1. Connect the NIBP simulator to the monitor.
2. Switch on the monitor and the simulator. Calibrate the simulator before using it.
3. Set the patient type on the monitor to adult; set the simulator to the following configuration:
 - Patient type: adult;
 - Systolic pressure=255 mmHg; (1mmHg=0.133kPa)
 - Diastolic pressure=195 mmHg;
 - Mean pressure=215 mmHg.
 And then start a NIBP measurement.
4. Check the displayed values against the simulator configuration. A tolerance of \pm 8 mmHg is reasonable.

4.2.4 NIBP Leakage Test

This test checks leakage of the airway and the performance of the NIBP system. See Figure 4-1 for details about tools required.

Procedure:

1. Connect the cuff securely with the socket for NIBP air hole.
2. Wrap the cuff around the cylinder with an appropriate size.
3. Make sure the patient type has been set to **Adult**.
4. Access **Menu > Maintenance > User Maintain** by inputting the password ABC. Start a leakage test by selecting **NIBP Maintain > Leak Test**.

The system will automatically inflate the pneumatic system to 180 mmHg. After 20 seconds, the system will automatically open the deflating valve, which marks the completion of a pneumatic measurement.

If the alarm information of **NIBP Cuff Leak** appears, it indicates that the airway may have air leaks. In this case, the user should check for loose connection. After confirming secure connections, the user should re-perform the pneumatic test. If the failure prompt still appears, please contact the manufacturer for repair.

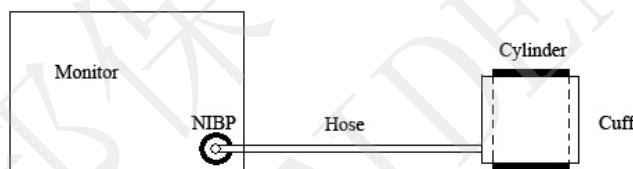


Figure 4-1 Diagram for NIBP Leakage Test

4.2.5 NIBP Accuracy Test

This test checks the performance of the NIBP system.

NOTE:

Manometer test is for checking the measurement accuracy and cannot change the measurement results.

Tools required:

- T-fitting
- NIBP extension tubes
- Cylinder (200 ml)
- Manometer (Its measurement range should be within the range of 0 mmHg to 300 mmHg; its accuracy should be more precise than the accuracy of ± 0.3 mmHg.)

Procedure:

1. Press the **Menu** item on the front panel. Access **Menu > Maintenance > User Maintain** by inputting the password ABC.
2. Connect the equipment as shown below:

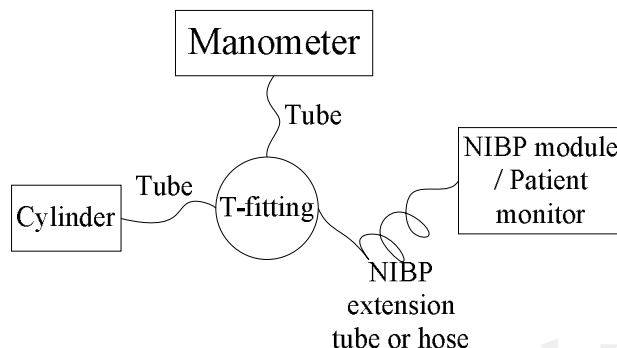


Figure 4-2 Diagram for Manometer Test

3. Select **NIBP Maintain > Manometer**.
4. Apply a fixed static pressure on the monitor with the help of the manometer.
5. Wait 10 s until the pressure stabilizes. Check the displayed values on the monitor against the manometer configuration.
6. A tolerance of ± 3 mmHg is reasonable.

4.2.6 NIBP Calibration

NOTE:

- NIBP calibration must be performed by professional personnel authorized by EDAN.
- NIBP calibration can influence measurement results. Incorrect operation may influence measurement accuracy.

Tools required:

- T-fitting
- NIBP extension tubes
- Cylinder (200 ml)
- Manometer (Its measurement range should be within the range of 0 mmHg to 300 mmHg; its accuracy should be more precise than the accuracy of ± 0.3 mmHg.)

Procedure:

1. Connect the equipment as shown below:

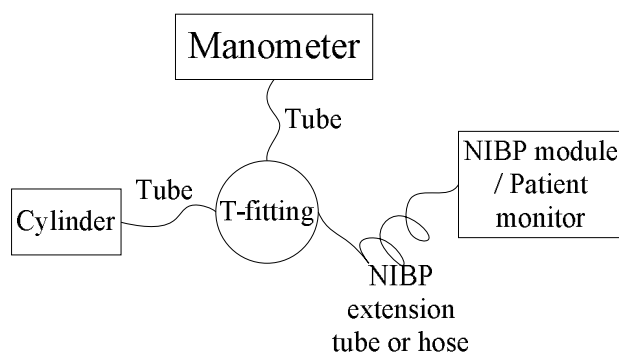


Figure 4-3 Diagram for NIBP Calibration

2. Access **Menu > Maintenance > Factory Maintain** by inputting the password 998.
3. Select **NIBP Calibration (Xm)** from the menu.
4. Select **Calibrate Initialization** to start calibration.
5. Adjust the manometer value to 50 mmHg (If different values are required for calibration, keep the value of the manometer consistent with the one displayed on the monitor). After the value of the manometer stabilizes, select **Calibrate Low**.
6. Adjust the manometer value to 250 mmHg (If different values are required for calibration, keep the value of the manometer consistent with the one displayed on the monitor). After the value of the manometer stabilizes, select **Calibrate High**.
7. Select **Calibrate Confirm**.
8. Select **Calibrate Protection Unit**.
9. Apply a fixed static pressure on the monitor with the help of the manometer. Check the displayed values on the monitor against the manometer configuration.
10. A tolerance of ± 3 mmHg is reasonable.

4.2.7 TEMP Accuracy Test

This test checks the accuracy of the TEMP measurement.

Tools required: resistance box.

Procedure:

1. Switch on the monitor and the resistance box.
2. Set the probe type on the monitor to YSI-10K, and respectively connect the probes to channel T1 and T2 connectors. And then connect the probes with the resistance box.
3. Set the resistance value to (6017Ω) 37°C in the resistance box.
4. The displayed value should be $37^\circ\text{C} \pm 0.1^\circ\text{C}$.

4.2.8 CO₂ Functional Test

This test checks the function of the CO₂ measurement.

Tools required: nasal cannula.

Procedure:

1. Switch on the monitor.
2. Access CO₂ setup menu, and set the **Work Mode** to **Measure**.
3. Place the nasal cannula below the nose and normally breathe; check if the CO₂ measurement waveforms are available on the monitor.
4. The displayed CO₂ concentration is supposed to be (34~40) mmHg.

4.2.9 IBP Functional Test

This test checks the function of the IBP measurement.

Tools required: patient simulator

Procedure:

1. Connect the IBP cable to the connector for channel BP2 on the patient simulator and to the IBP connector on the monitor.
2. Set the simulator to 0 pressure; perform a zero calibration.
3. After completing the zero calibration, configure the simulator as P (static) = 200 mmHg.
4. Perform a dynamic pressure test. Set the simulator to the following configuration:
 - RADIALART 120/80

The tolerances for the measurement value provided by the monitor should be ± 4 mmHg or $\pm 4\%$.

4.3 Safety Test

4.3.1 Safety Test Procedures

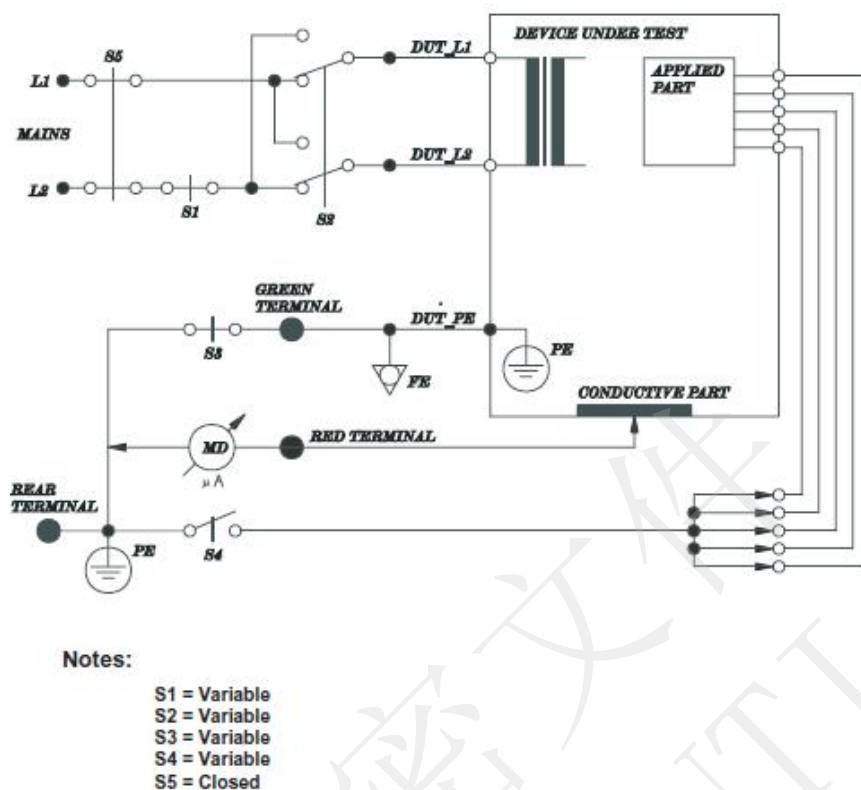
Use the test procedures outlined here only for verifying safe installation or service of the product. These tests are not a substitute for local safety testing where it is required for an installation or a service event.

When performing a safety test, you must use a standard safety analyzer such as Fluke 601Pro Series safety analyzer or equivalent, perform the test according to your local regulations, for example, in Europe according to IEC/EN60601-1, in USA according to UL60601-1. For the test setup, please refer to the Instructions for Use of the test equipment used.

Additional test may be required by your local regulations.

You are recommended to document the result of the safety test.

4.3.3 Enclosure Leakage Current



NOTE:

The circuit diagram is based on the Fluke 601Pro series safety Analyzer.

This measures leakage current of exposed metal parts of Device under test (DUT) and parts of the system within the patient environment; normal and reversed polarity using S2 test performed both in normal condition and single fault conditions.

Normal condition (NC): with S1, S3, S5 closed, S2, S4 variable.

Single fault condition (SFC): S1, S3 open (one for each time) and S5 closed, S2, S4 variable.

Allowable value:

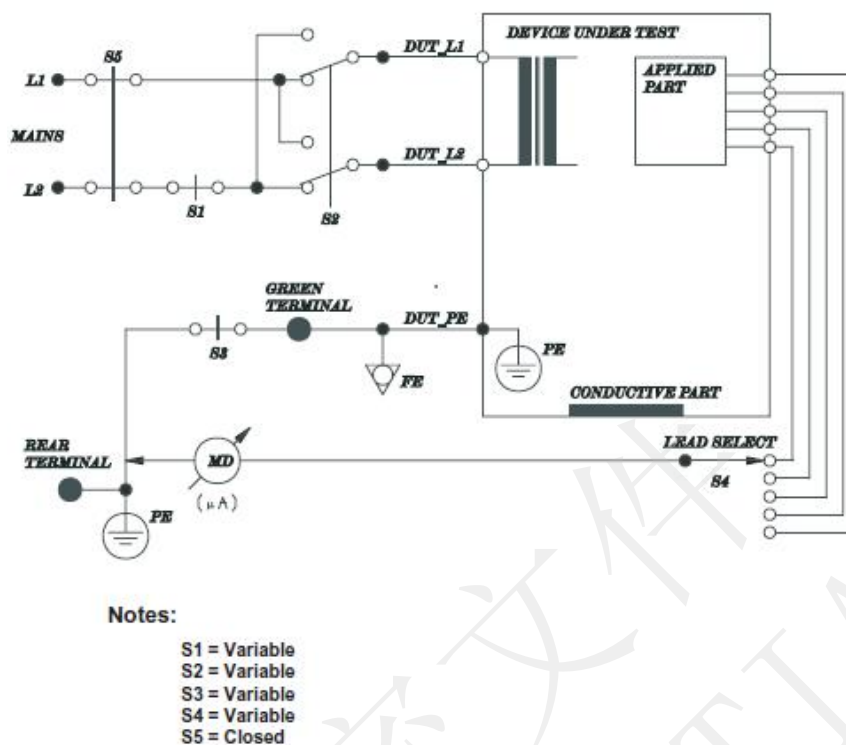
Normal condition: 100 μ A (IEC/EN60601-1)

Single fault condition: 500 μ A (IEC/EN60601-1)

Normal condition: 100 μ A (UL60601-1)

Single fault condition: 300 μ A (UL60601-1)

4.3.4 Patient Leakage current



NOTE:

The circuit diagram is based on the Fluke 601Pro series safety Analyzer.

This test measure the leakage current flowing between the selected applied part and the mains PE; the test with normal and reverse polarity, in normal condition and single fault condition.

Normal condition (NC): with S1, S3, S5 closed, S2, S4 variable.

Single fault condition (SFC): S1, S3 open (one for each time) and S5 closed, S2, S4 variable.

Allowable value:

Normal condition: 10 μ A (BF applied part), 10 μ A (CF applied part)

(IEC/EN60601-1, UL60601-1)

Single fault condition: 500 μ A (BF applied part), 50 μ A (CF applied part)

(IEC/EN60601-1, UL60601-1)

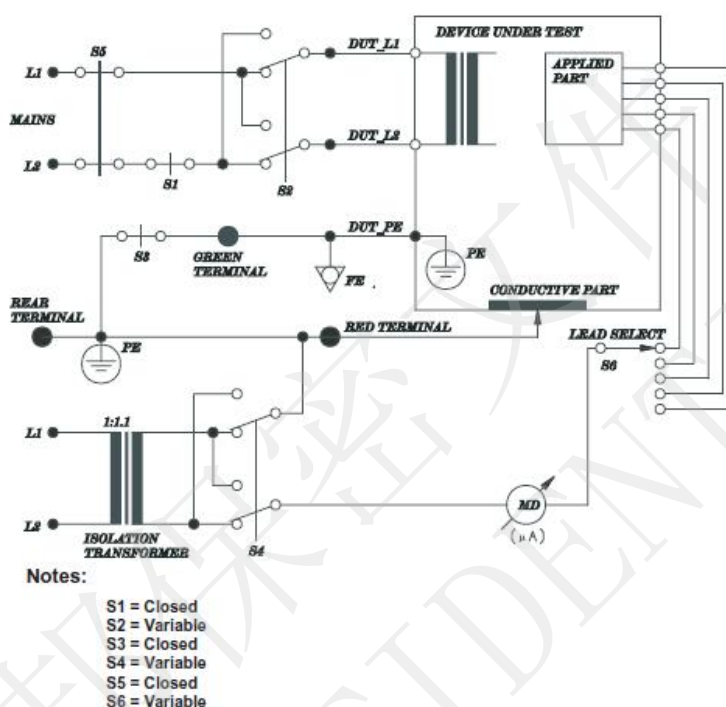
Leakage Current

	Applied Part	Normal Condition	Single Fault Condition
Earth Leakage Current		<0.5 mA	<1 mA
Enclosure Leakage Current		<0.1 mA	<0.5 mA
Patient Leakage Current	CF	AC: <0.01 mA DC: <0.01 mA	AC: <0.05 mA DC: <0.05 mA
	BF	AC: <0.1 mA DC: <0.01 mA	AC: <0.5 mA DC: <0.05 mA
Patient Leakage Current (Mains on Applied Parts)	CF		<0.05 mA
	BF		<5 mA
Patient Auxiliary Current	CF	AC: <0.01 mA DC: <0.01 mA	AC: <0.05 mA DC: <0.05 mA
	BF	AC: <0.1 mA DC: <0.01 mA	AC: <0.5 mA DC: <0.05 mA

4.3.5 Patient Leakage Current- Single Fault Condition (S.F.C) Mains on Applied Part

NOTE:

The following test is based on test with the Fluke 601 pro series safety analyzer. This device allows applying a 110% mains voltage between the applied part and the device PE. When testing with other device, you may need to apply the 110% mains voltage manually.



NOTE:

The circuit diagram is based on the Fluke 601Pro series safety Analyzer.

This test measure the current flowing between the applied part and the mains PE in response to an isolate mains voltage (110% of the mains voltage) applied to applied part. This test is performed with normal and reverse polarity of the mains voltage using S2, and normal and reverse polarity of the isolate voltage using S4.

Single fault condition: S1, S3, S5 closed, S2, S4, S6 variable.

Allowable value:

Single fault condition (110% mains voltage on applied part):

5000 μ A (BF applied part), 50 μ A (CF applied part)

(IEC/EN 60601-1 UL 60601-1)

4.4 Maintenance

For details about basic cleaning and maintenance methods, refer to relevant sections in *Patient Monitor User Manual*. For further technical support, contact service engineers of EDAN.

Users are responsible for preventive maintenance and periodic inspection for the monitor.

4.4.1 Cleaning the Monitor and Accessories

Refer to relevant sections in *Patient Monitor User Manual* for details.

4.4.2 Maintaining the Battery

Refer to relevant sections in *Patient Monitor User Manual* for details.

Chapter 5 Configuration

The users have no access to changing the system configuration of the monitor. As a service engineer, the users need to change the configuration after the monitor is installed and checked.

5.1 Opening User Maintain Menu

- 1 Select **Menu** on the main interface;
- 2 Select **Maintenance > User Maintain**;
- 3 Input the password **ABC** by using the soft keyboard;
- 4 Select **OK** to enter the **User Maintain** menu.

5.2 Entering Demo Mode

The monitor works in real-time monitoring mode when monitoring a patient. If you want to show the traces and parameters for a demonstration, you need to enter the **Demo** mode.

- 1 Select **Menu > Common Function**.
- 2 Select **Demo Mode**, and input the password **3045** by using the soft keyboard.
- 3 Select **OK** to enter the Demo mode.

WARNING

Demonstration function is for performance demonstrating and training usage. It is forbidden in clinical applications in case medical staff mistake what displays on the monitor as the waveforms and parameters of the patient, which will affect patient monitoring and delay diagnosis and treatment.

5.3 Selecting Lead Style

Two styles of ECG lead name are available: American standard and European standard. Users can set it according to the condition.

- 1 Select **User Maintain > Lead Placement**.
- 2 Select **AHA** or **IEC** from the list and press the knob to confirm it.

5.4 Changing the Bed No.

The bed No. determines the bedside monitor ID on the data receiving software, such as MFM-CMS central monitoring system by EDAN. To set the device No., the user should:

- 1 Select **Menu > Patient Setup** ;
- 2 Select **Patient Info > Bed No.** ;
- 3 Select a device No. from 1 to 254 as the Bed No..

CAUTION

Make sure the device No. of the monitors in the same system do not overlap.

5.5 Network Setup

The monitor is provided with two network connection methods: wired network and wireless network. The IP address in wired network and wireless network can be chosen as static and dynamic, and only if in static, it can be set up. To set the device IP:

- 1 Select **Menu > Maintenance**;
- 2 Select **User Maintain > Network Maintain**;
- 3 Set **Network Type** as **Wired** or **Wi-Fi**, access **Config**;
- 4 Set **Mode** as **Static**, and set the network **IP** as desired.

Parameter part applying floating ground technology includes parameters such as ECG, SpO₂, NIBP, RESP and TEMP. This part adopts STM32F103VD to control the front-end analog signals, collect data, simply process the data and deliver it.

ECG

X5V(9G45) supports 3/ 5 leads ECG. In the mode of 3 leads, three electrodes used are RA, LA and LL. 3-lead ECG measurement can be realized by controlling conversion of the drive electrodes.

In the mode of 5 leads, five electrodes in used are RA, LA, LL, RL and V1; four ECG channels are available; four channels of ECG signal are amplified; and RL is the drive electrode. In the mode of 5 leads, seven leads (I, II, III, AVR, AVL, AVF and V1) of ECG signal can be collected.

Summarily, the ECG module can perform the following functions:

In the mode of 3 leads: RA, LA and LL are available, I/ II/ III are optional and the drive lead alter accordingly.

In the mode of 5 leads: RA, LA, LL, RL and V1 are available, two channels among I, II, III, AVR, AVF, AVL and V1 are optional and the drive lead is RL.

SpO₂

By outputting the control pulse via DA, MCU controls red ray and illumination of the infrared illuminators of the SpO₂ sensors. The ray measuring system amplifies the minute measured signal. Subsequently, the amplified signal is delivered for AD sampling. Measurements of SpO₂ and PR will be calculated based on the corresponding algorithm. To adapt the difference between the strong and weak signal, the receiving circuit is outfitted with a program control amplifier. If the measured signal is weak, the system will enhance the gain; if the measured signal is strong, the system will lessen the gain.

NIBP

NIBP module can measure the pressure via the pressure transducer and then convert the pressure signal into electric signal which is subsequently amplified and delivered to AD; after AD detects and measures the pressure and pulse wave signal, BP can be calculated based on the related algorithm.

The pressure protection unit of NIBP will protect the patient when individual malfunction occurs. Once the pressure protection unit detects that the value of pressure exceeds the normal one, it will activate the valve and deflate.

RESP

The respiratory carrier wave of 62.8 kHz will act on the body via the resistance-capacitance network. The change of celiac impedance during respiration a minute amplitude modulated wave

can be obtained on the front end of the respiratory amplifying circuit. By amplifying, demodulating and reamplifying the amplitude modulated wave, a real respiratory wave can be attained. X5V (9G45) supports I and II lead selection which can switch between each other by the host computer sending instruction.

TEMP

The mode utilizing steady voltage source is adopted to collect the body temperature. Compared with utilizing constant current source, using steady voltage source is relatively simple. There are two channels in the TEMP circuit, supporting CY and YSI sensor.

IBP

IBP can monitor parameters such as arterial BP, vein BP, and pulmonary arterial BP.

IBP is measured by means of a catheter inserted directly into the circulatory system. A pressure transducer connected to the catheter converts the mechanical force exerted by the blood into an electrical signal, which is displayed graphically as pressure versus time on a monitor screen or numerically on digital display. The monitor measures direct blood pressure of one selected blood vessel through two channels or four channels, and displays waveforms and pressure of measured direct blood pressure (SYS, DIA and MAP).

6.1.2 Key Board

The key board is the indispensable part of the device. At present, free-standing key board is adopted in iM50/M50 Patient Monitor. The key board works with the knob to perform information communication between the user and the device. The module circuit connected with the key board includes the knob, alarm indicator, touch screen and main control board. Six functional keys on the key board are alarm pause, NIBP, trend graph, freeze, recording and menu. Besides, two LED with different colors are on the board. One LED indicates the status of AC and the other indicates the status of battery charging.

Key board hardware diagram is shown below.

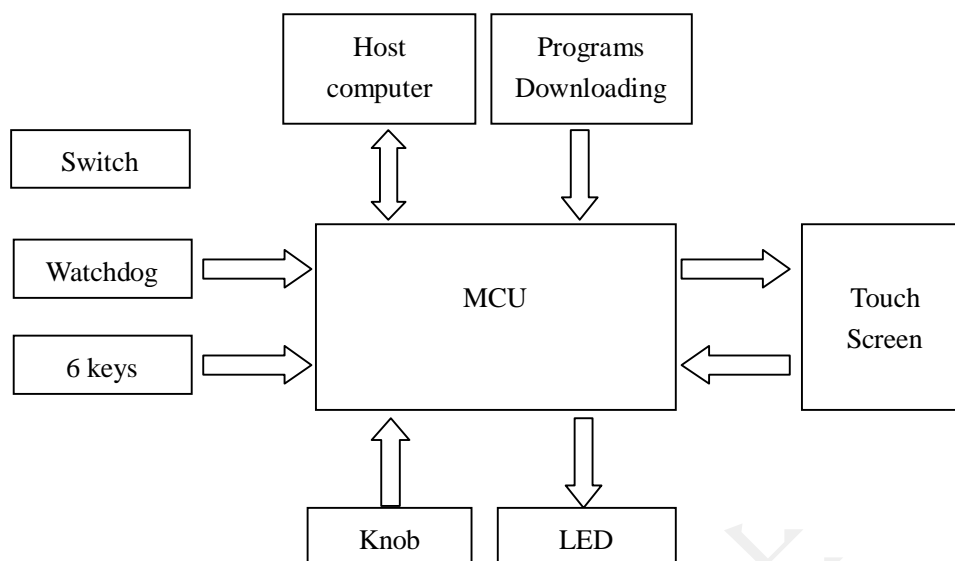


Figure 6-2 Key Board Hardware Block Diagram

6.1.3 Screen Drive Board

The screen drive board of iM50/M50 is to drive display of the 8.4" LCD. Through voltage to current converted circuit, it offers LCD back light with constant current source, and it adjusts LCD luminance. Besides, it converts the LVDS display signal from the main board into the LVTTL signal, and it drives the LCD to display via FPC wires.

6.1.4 Interface Board

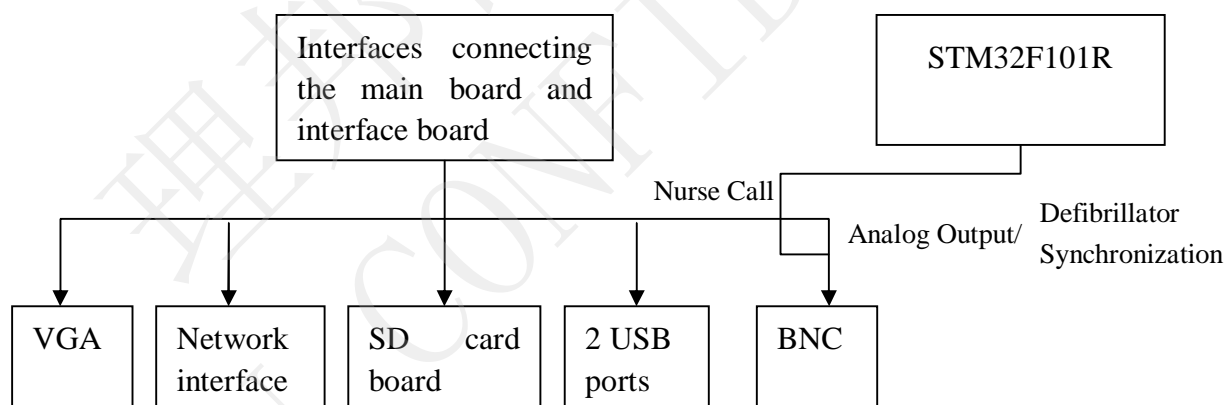


Figure 6-3 Interface Board Diagram

6.1.5 Power Module

The power module is EDAN PS900K. It outputs +12V, +5V voltage and manages charging.

Interface	Pin Definition					
J1	1	2		3		
	AC_IN	N/A		AC_IN		
J9	1	2	3	4	5	6
	+12V	+5V	GND	GND	GND	NC
J5	1	2				
	BAT	GND				
J4	1	2				
	POWR_ON/OFF	GND				
J2	1	2	3	4		
	POWR_UP	CHARGE	RXD	TXD		

6.2 Interfaces

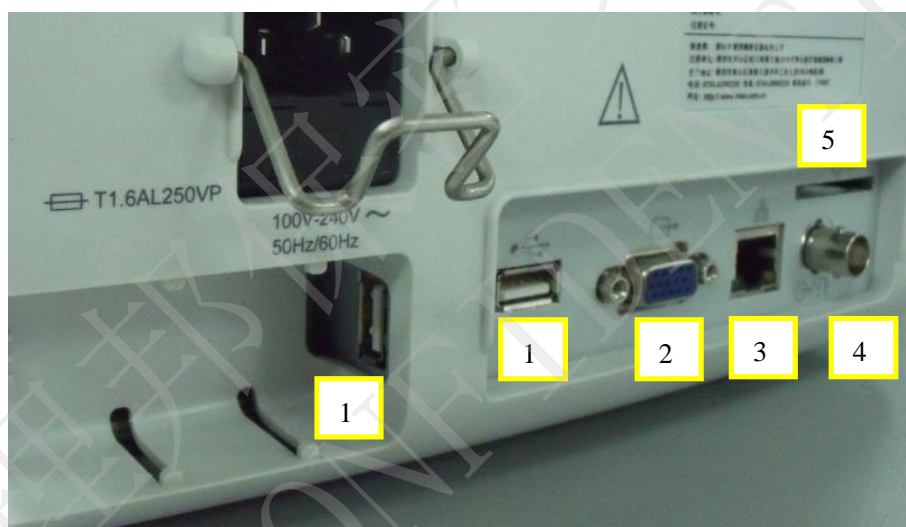


Figure 6-4 Interface Diagram

Interfaces on the rear panel of iM50/M50 include:

- 1 USB port
- 2 VGA interface
- 3 Network / Nurse call interface
- 4 Analog output/ Defibrillator Synchronization interface
- 5 SD card interface

Chapter 7 Troubleshooting

EDAN supports replacement of PCB and major subassemblies for this monitor. When replacement is needed, follow the procedures described in chapter 8 *Disassembling the Monitor*.

7.1 Monitor Booting Failures

Phenomenon	Possible Cause	Solution
After switching on, no display is on the LCD; the power indicator is off; the fan doesn't run.	None AC power inputs.	Check whether the cable is intact and whether it is well connected with the monitor as well as the AC output.
	The fuses melt and break.	Replace the fuses.
	Keyboard failure.	Replace the keyboard.
	Power board failure.	Replace the power board.
	Main control board failure.	Replace the main control board.
The fuses melt and break during switching.	Power failure.	Replace the power board.
	Short circuit of other parts.	Retry after checking the short circuit source and fixing it.
Abrupt switching off.	If the monitor is powered by battery and switch off suddenly, maybe the battery is too low.	Please charge the battery and connect AC to the monitor.
	The monitor is stricken by strong high voltage, e.g. lightning strike.	Check the power supply and grounded system.
	Power failure.	Replace the power supply.
	The power supply button on keyboard failure.	Replace the keyboard.
	Bad connection of power input.	Check the power input.
	Main control board failure.	Replace the main control board

7.2 Display Failures

Phenomenon	Possible Cause	Solution
After switching on, the power indicator and fan run normally; but no display is on the screen.	LCD failure.	Replace the display screen.
	LCD is disconnected.	Check the connection of X5V main control board, screen drive board and the screen.
	Display drive board failure.	Replace the display drive board. Refer to the principle diagram and repair the replaced one
	Keyboard failure.	Replace the keyboard.
	Main control board failure.	Replace the main control board. Refer to the principle diagram and repair the replaced one.
Wrong characters are displayed onscreen.	LCD bad connection.	Check the LCD connection to main control board, screen drive board and keyboard.
	Display drive board failure.	Replace the display drive board. Refer to the principle diagram and repair the replaced one.
	LCD failure.	Replace display screen.

7.3 Operation Failures

Phenomenon	Possible Cause	Solution
Keys are not functioning.	Key board failure.	Replace the key board.
	Key board connection failure.	Check the connection of the key board.
	The edge of the touch screen is pressed.	Check the assembling of the front cover and the touch screen.

Phenomenon	Possible Cause	Solution
It is mute when a key is pressed.	Speaker or wire failure.	Replace the speaker or wire.
Hoarse sound comes from the speaker or it is mute of the speaker.	Speaker failure.	Replace the speaker.
	Main control board failure.	Replace the main control board.
Inaction of the touch screen.	The touch screen calibration failure.	Please calibrate touch screen twice.
	The touch screen is disconnected.	Check the connection of the main control board, the touch screen control board and the screen.
	The touch screen is damaged.	Replace the touch screen.
Deflection of the touch positions	The edge of the touch screen is pressed.	Check the assembling of the front cover and the touch screen.
	The touch screen has not been calibrated.	Calibrate the touch screen.

7.4 Recorder Failures

Phenomenon	Possible Cause	Solution
Press Record but no paper is out.	No paper in the drawer	Load paper and close the drawer.
	The drawer is open.	Close the drawer.
	Paper is jammed.	Open the drawer and remove the paper. Reload paper and close the drawer.
	Recording control board failure.	Replace the recording control board.
	Recorder connection failure.	Check all the connections.
	Gear box/ gear failure.	Replace the gear box or the gear.
	Main control board failure.	Replace the main control board.

Phenomenon	Possible Cause	Solution
Alarm is displayed onscreen as “out of paper”, but there is still paper in the drawer.	The detector of recording paper is contaminated.	Clean the detector of recording paper.
	Detector of recording paper failure.	Replace the detector of recording paper.
	The drawer is not fastened up.	Fasten up the drawer.
Trace on the recording paper is blurred or tilts; or it is blank on the paper.	Inexact loading of the recording paper.	Load the recording paper exactly.
	The two screw nuts on the recording head are not adjusted to balance.	Adjust the screw nuts.
	Recording head failure.	Replace the recording head.

7.5 Alarm Failures

Phenomenon	Possible Cause	Solution
Inaction of audible alarm.	The audible alarm is temporarily disabled.	Activate the audible alarm.
	Speaker or wire failure.	Replace the speaker or the wire.
Alarm indicator stays off.	Alarm indicator failure.	Replace the alarm indicator.
	Alarm indicator board failure.	Replace the alarm indicator board.
Inaction of audible or visual alarm.	Program failure.	Update the software.

7.6 Parameter Monitoring Failures

Phenomenon	Possible Cause	Solution
No ECG waveform	Bad connection of ECG cable.	Check the connection of the ECG cable.
	The ECG cable is damaged.	Replace the ECG cable.
	Bad connection of the electrodes.	Check the connection.
	Circuit failure of ECG on the main control board.	Replace the main control board.
No SpO ₂ trace or measurements.	SpO ₂ sensor failure.	Replace the SpO ₂ sensor.
	Bad connection of the cable of the SpO ₂ sensor.	Check the connection.
	Circuit failure of SpO ₂ on the main control board.	Replace the main control board.
The cuff fails to be inflated.	Bad connection of the cuff, the pump and the NIBP connector.	Check the connection outside the monitor.
	Bad connection of BP module and NIBP connector.	Check the connection inside the monitor.
	The cuff or the extended cable is damaged.	Replace the damaged parts.
	Circuit failure of BP on the main control board.	Replace the main control board.

Phenomenon	Possible Cause	Solution
NIBP cuff pressure value has no obvious change.	Circuit failure of BP on the main control board.	Replace the main control board.
	NIBP tube leakage.	Please perform leakage test and change the tube or valve.
No NIBP measurement values or no alarm information.	Cuff or extension tube abnormal.	Please replace the cuff or extension tube.
	Circuit failure of BP on the main control board.	Replace the main control board.
No TEMP measurement value.	TEMP sensor failure.	Replace the TEMP sensor.
	Bad connection of TEMP sensors.	Check the connection.
	Circuit failure of TEMP on the main control board.	Replace the main control board.
No CO ₂ waveform	Poor connection of the CO ₂ module.	Turn off the monitor and reconnect the CO ₂ module.
	The CO ₂ module is damaged.	Replace the CO ₂ module.
The CO ₂ waveform is a beeline	The CO ₂ module is in standby mode	Change work mode from standby to measure.
	The sample line is blocked or disconnected	Draw off the sample line, clear it or replace it to another one.
The CO ₂ waveform is abnormal, values are incorrect.	Long time no zero calibration, the measured values are incorrect	Enter Menu > CO₂ Setup , and perform Zero Calibration .

Phenomenon	Possible Cause	Solution
The measured CO ₂ values are displayed as “---”	The CO ₂ module is in STANDBY mode	Change work mode from standby to measure.
Prompts for CO ₂ catheter is blocked on screen	The CO ₂ sample line is blocked	Draw off the CO ₂ sample line, clear it or replace it to another one.
The CO ₂ measured value has error	No zero calibration for a long time; the measured value is incorrect	Enter Menu > CO₂ Setup , and perform Zero Calibration .
	The compensatory gas and barometric is set incorrectly	Enter Menu > CO₂ Setup > Other Setup , and set the Baro Press and O₂ Compens items in menu for compensatory gas and barometric correctly.
The IBP waveform is available, yet IBP measurement value is unavailable.	The IBP module has not been zeroed or zero drift occurs.	Zero the IBP module.
The IBP waveform appears and disappears time after time.	Bad connection of the IBP cable and sensor	Check the connection of IBP cable and sensor.
The IBP waveform is flat and there is no apparent fluctuation.	An unsuitable selection of the ruler	Check whether the IBP label is consistent with the measured site of the patient; adjust the ruler.
The monitor indicates an IBP communication failure.	Failure in the PCB of IBP module or disconnection of the IBP module and communication board	Check the connection of IBP module and communication board or change the IBP module.

7.7 Technological Alarms

For details on technological alarms, please refer to relevant section in the user manual.

Chapter 8 Disassembling the Monitor

WARNING

- 1 Only qualified service personnel shall open the monitor housing.
- 2 Switch off the monitor and disconnect it from AC power before disassembling the monitor.
- 3 After any repair of the device, perform safety tests prior to use.

8.1 Tools Required

1 – A cross-head screwdriver



2 – A flat-head screwdriver



3 – A M3 nut driver



4 – A pair of pliers



8.2 Replacing Fuses

To replace the melted fuses,

1. Switch off the monitor and disconnect it from power.
2. The back of the monitor should face to the operator.
3. Pull out the fuse box and pick the inside fuse up with a flat-head screwdriver.



4. Replace the old fuse with a new one that is supplied by EDAN or with the same specifications. (Dimensions: $\Phi 5\text{mm} \times 20\text{mm}$; model: T3.15AH 250VP)

5. Put back the fuse box.

8.3 Disassembling the Main Unit

The main unit consists of the front housing, back housing, main frame, CO₂ assembly, TEMP assembly and recorder.

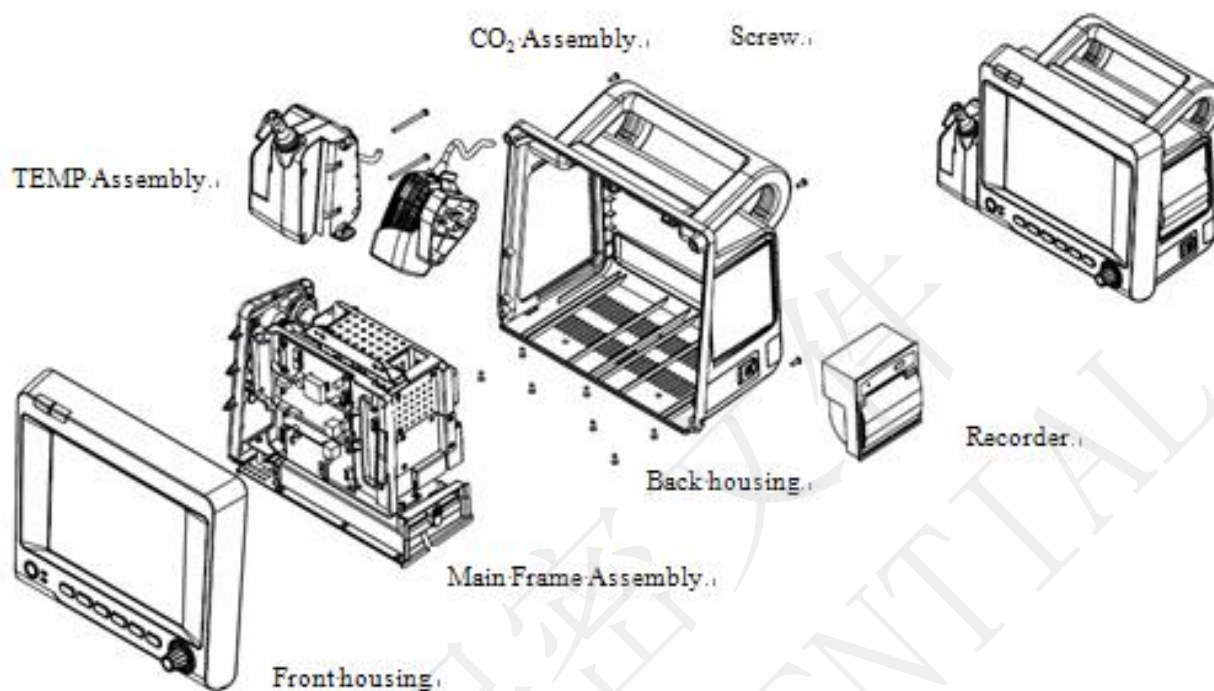


Figure 8-1 Main Unit Structure Block Diagram

To disassemble the main unit:

- 1 Disassemble the recorder, CO₂ assembly and temperature assembly from the main unit with a screwdriver.
- 2 Unscrew the screws securing the front and back housings and the front and back assemblies are unfolded.
- 3 Unscrew the screws securing the main frame on the bottom and inside the unit, and the main frame are separated from the back assembly.

8.4 Disassembling the Front Housing Assembly

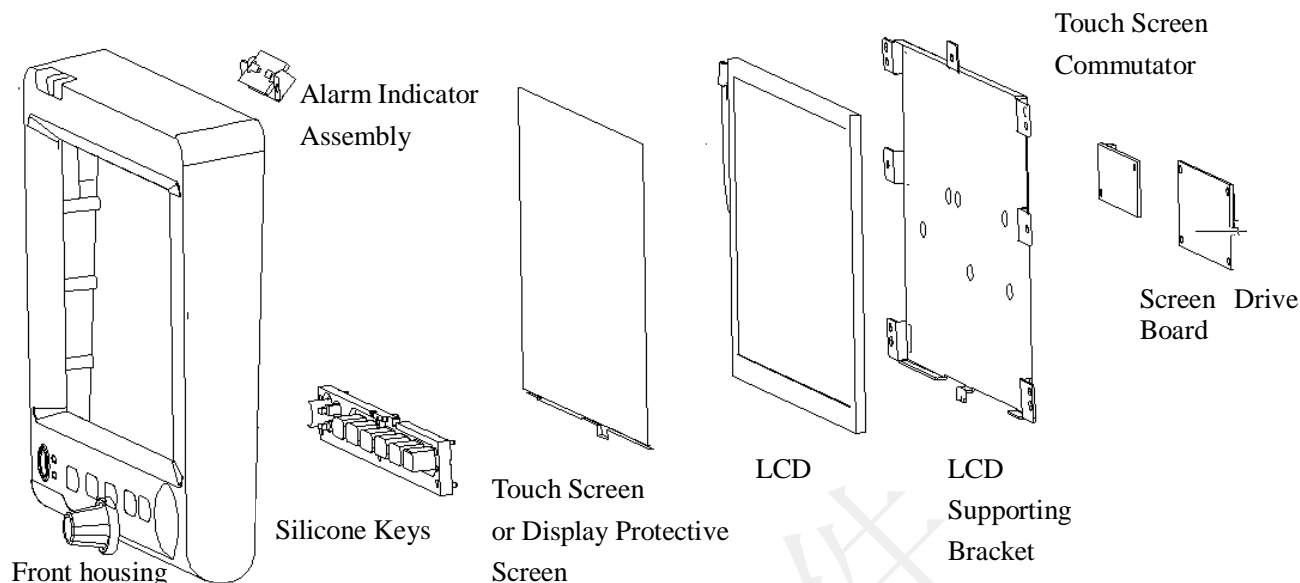
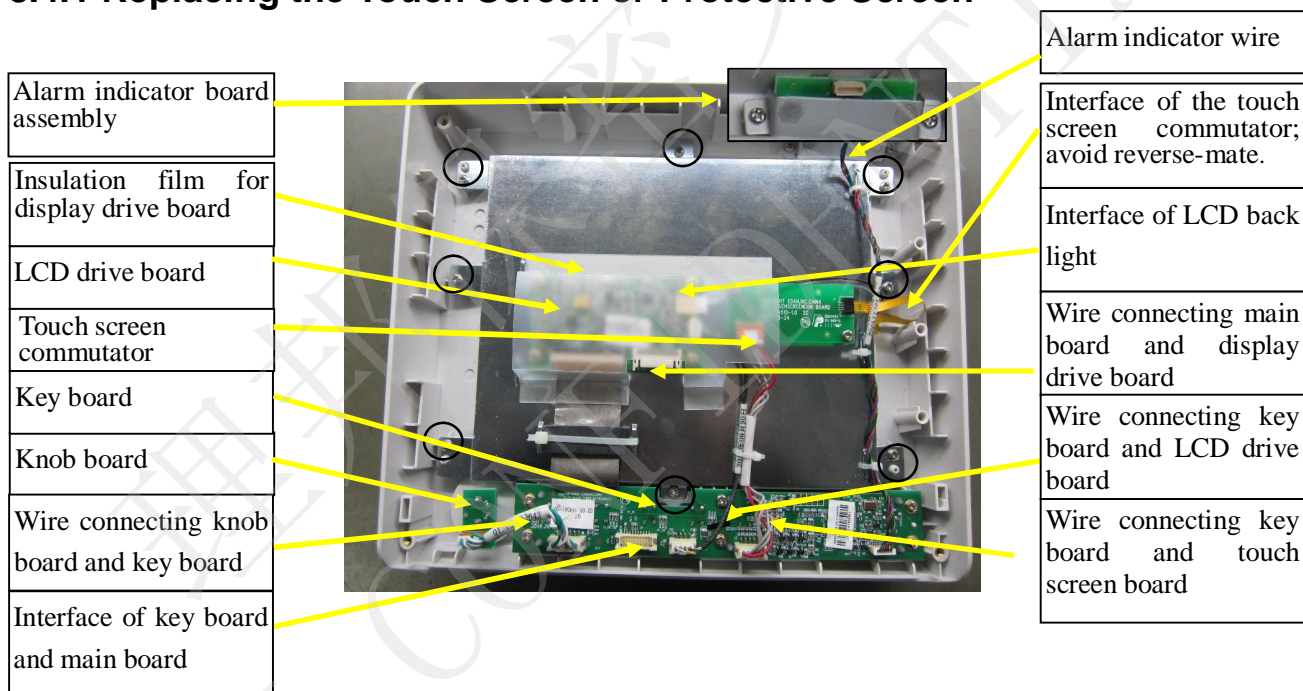


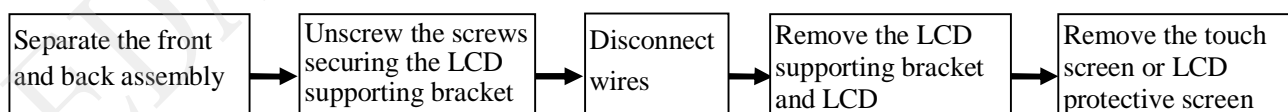
Figure 8-2 Front Shell Structure Block Diagram

8.4.1 Replacing the Touch Screen or Protective Screen



NOTE: Gently pull out the security lock and do not overexert.

Figure 8-3 Replacing touch screen or protective screen

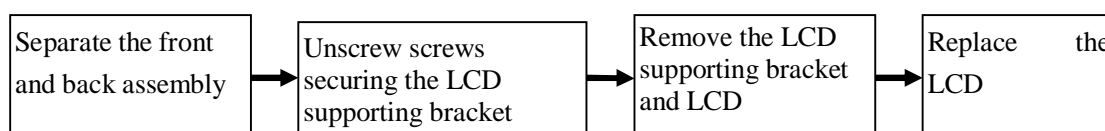


Assemble the touch screen or protective screen in the reversed order. Check whether the sponge around the LCD is damaged. If so, please replace a new one.

NOTE:

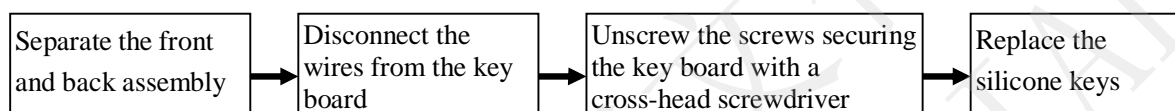
The user can only choose one from the touch screen and protective screen to assemble in the main unit.

8.4.2 Replacing the LCD



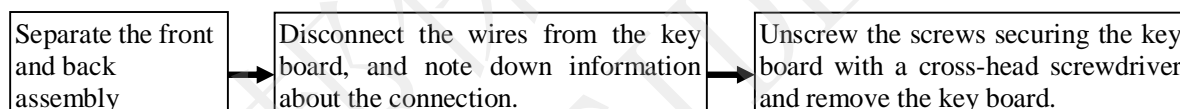
Assemble the LCD in the reversed order. Please refer to the diagram on the section 8.4.1.

8.4.3 Replacing the Silicone Keys



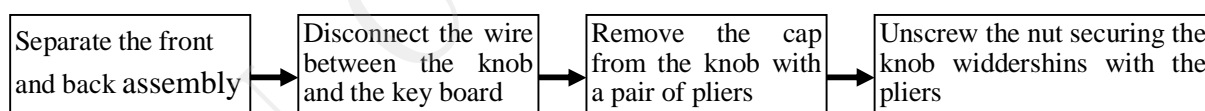
Assemble the silicone keys in the reversed order, and connect the wire of the key board. Please refer to the figure in the section 8.4.1 for more information.

8.4.4 Replacing the Key Board



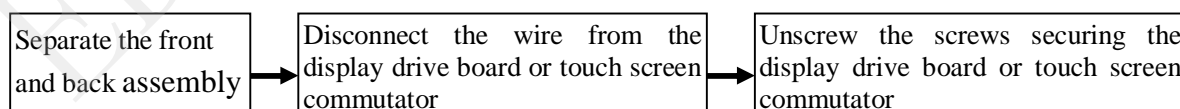
Assemble the key board in the reversed order. Please refer to the figure in the section 8.4.1 for more information.

8.4.5 Replacing the Knob



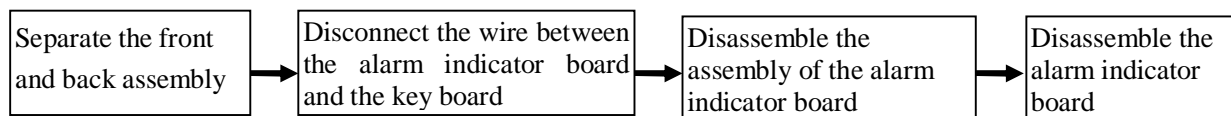
Please refer to the figure in the section 8.4.1 for more information.

8.4.6 Replacing the Display Drive Board or Touch Screen Commutator



Assemble the display drive board or the touch screen commutator in the reversed order. Please refer to the figure in the section 8.4.1 for more information.

8.4.7 Replacing the Alarm Indicator Board



Assemble the alarm indicator board in the reversed order. Please refer to the figure in the section 8.4.1 for more information.

8.5 Disassembling the Main Frame Assembly

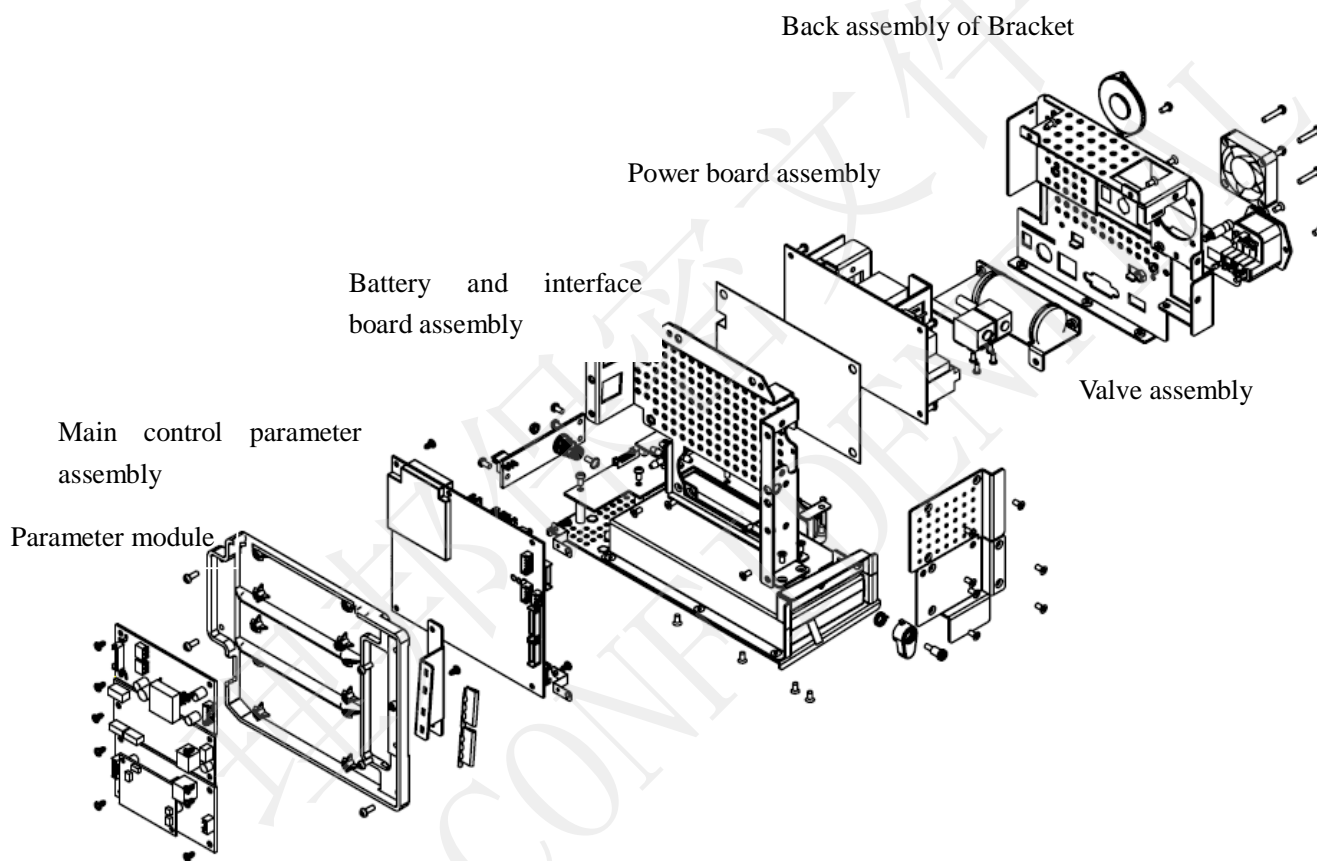


Figure 8-4 Main Frame Assembly

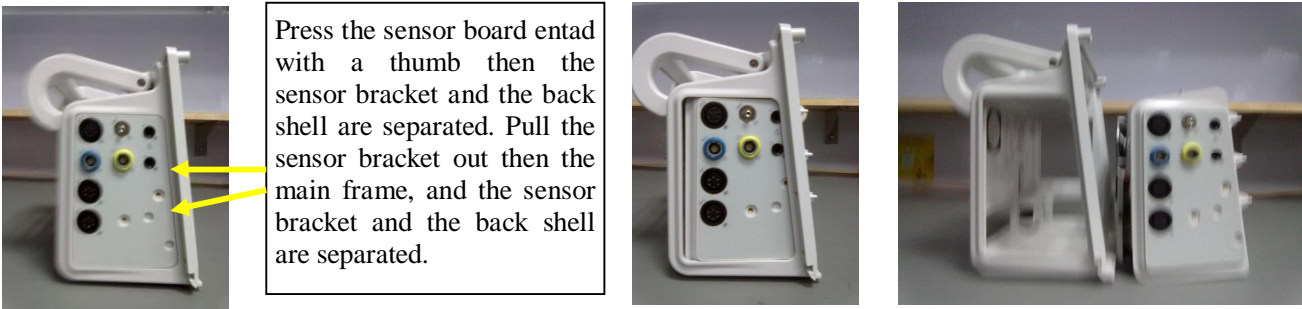
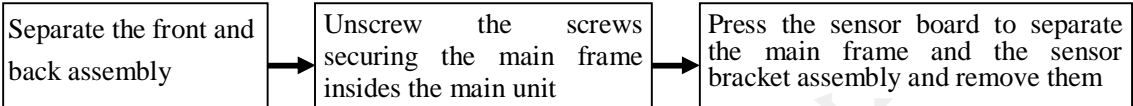


Figure 8-5 Sensor Board Removal



NOTE:

During disassembling the monitor, please note down the information about all connections of the wires and the interfaces.

8.5.1 Replacing the Power Module

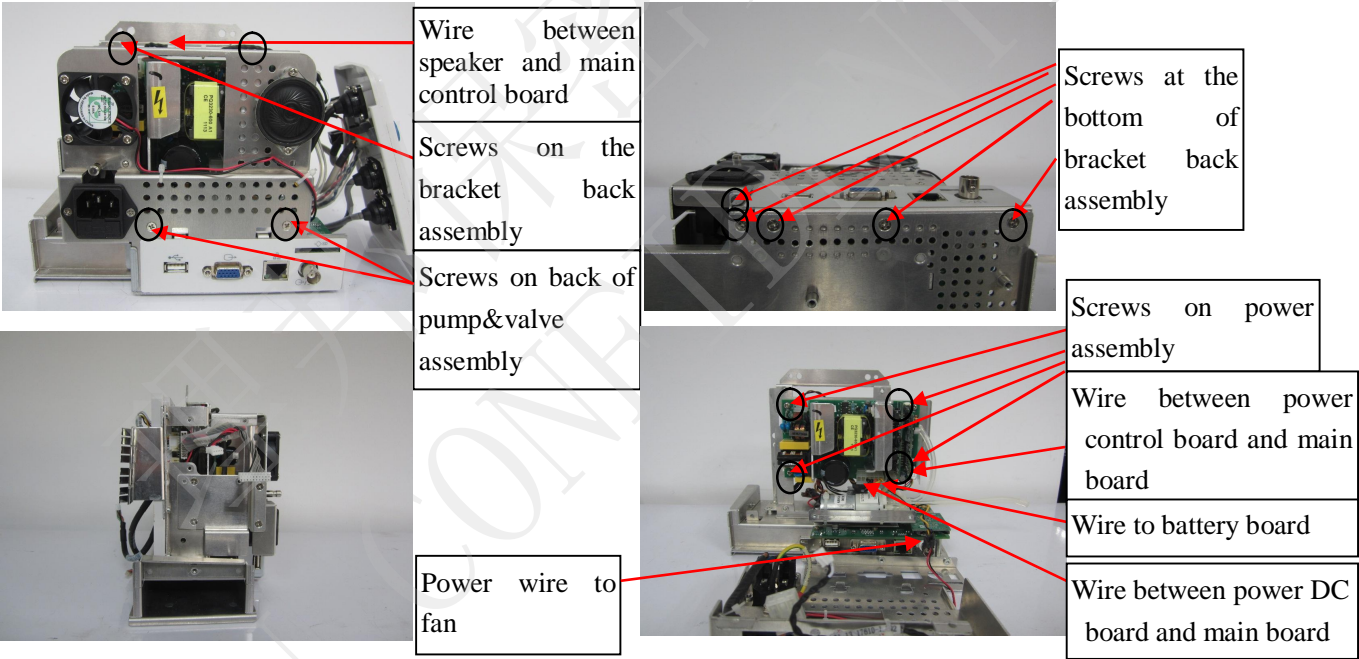
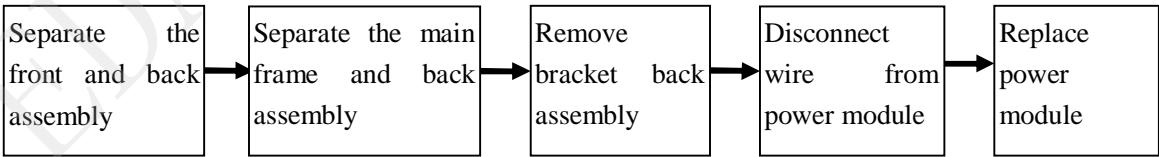


Figure 8-6 Replacing Power Module



Assemble the power module in the reversed order.

8.5.2 Replacing the Fan and Speaker

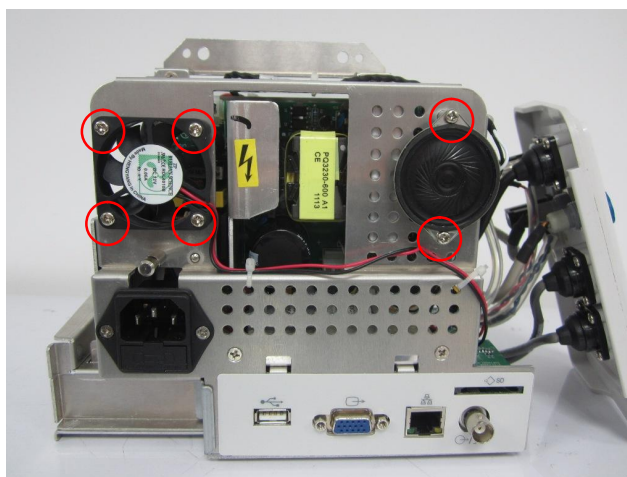
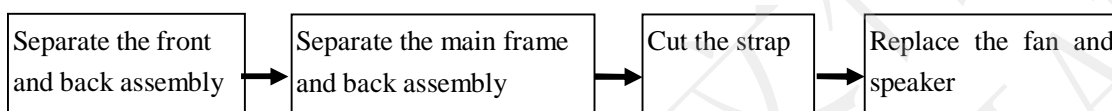


Figure 8-7 Replacing the Fan and the Speaker



Assemble the fan and speaker in the reversed order.

8.5.3 Replacing CO₂ Module, IBP Module and Nellcor Module

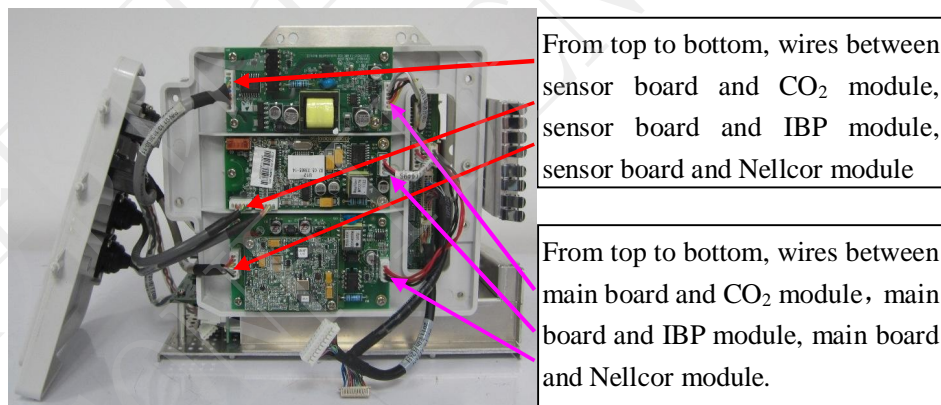
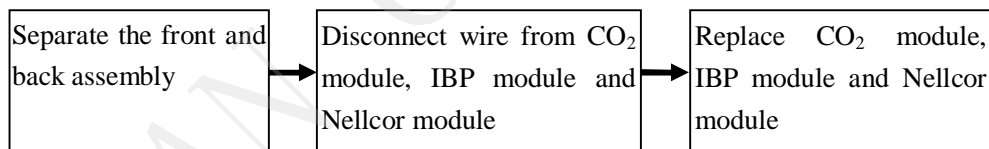


Figure 8-8 Replacing CO₂ Module, IBP Module and Nellcor Module



Assemble the CO₂ module, IBP module and Nellcor module in the reversed order.

8.5.4 Replacing the Main Board

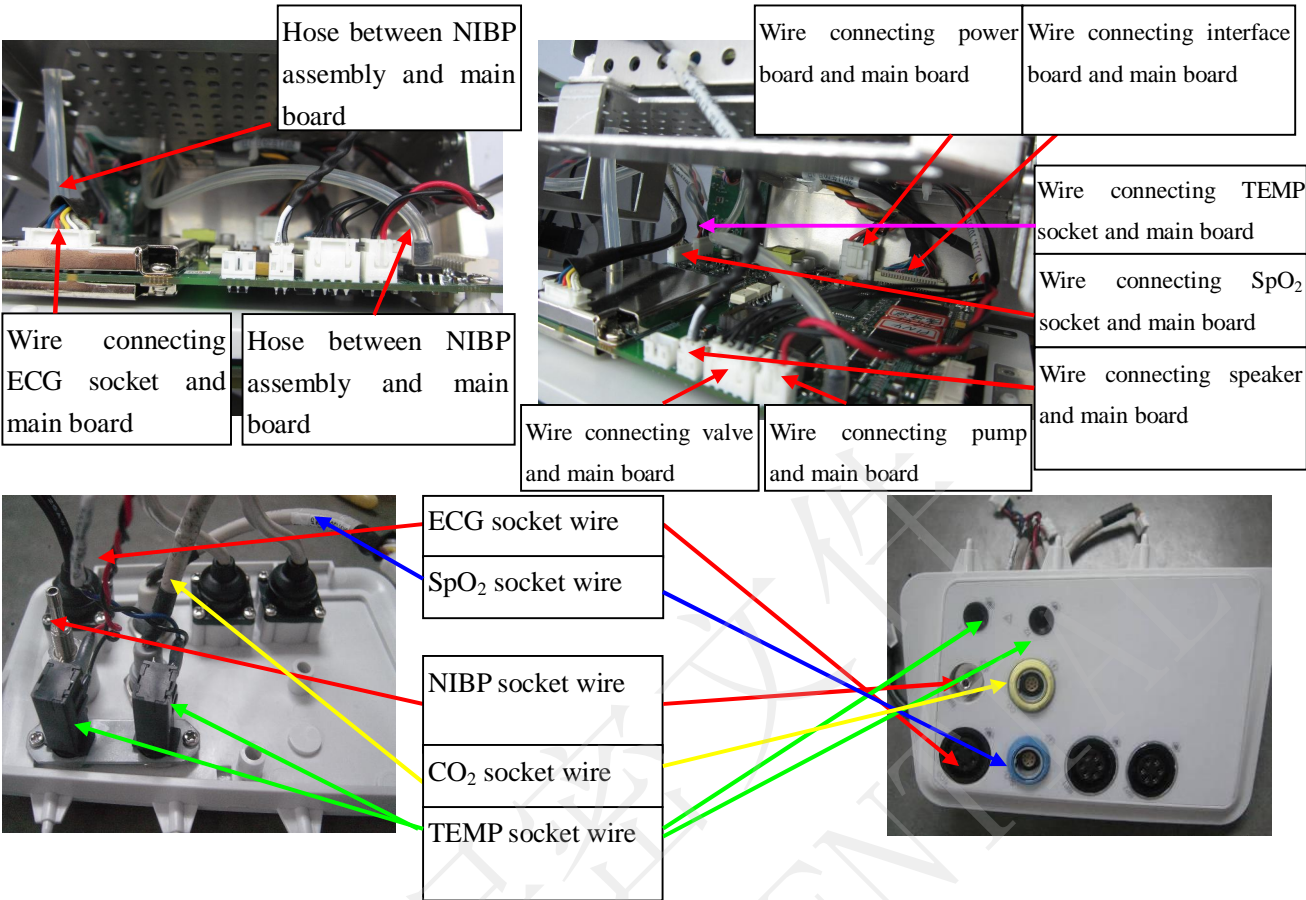
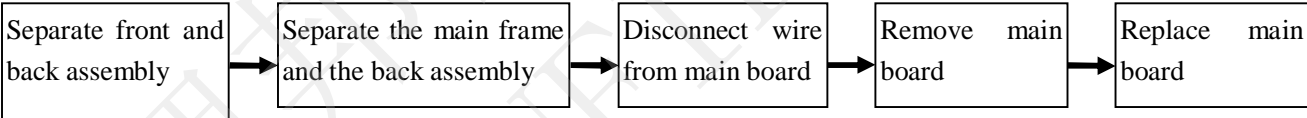


Figure 8-9 Replacing Main Board



Assemble the main board in the reversed order.

8.5.5 Replacing the Pump&Valve Assembly

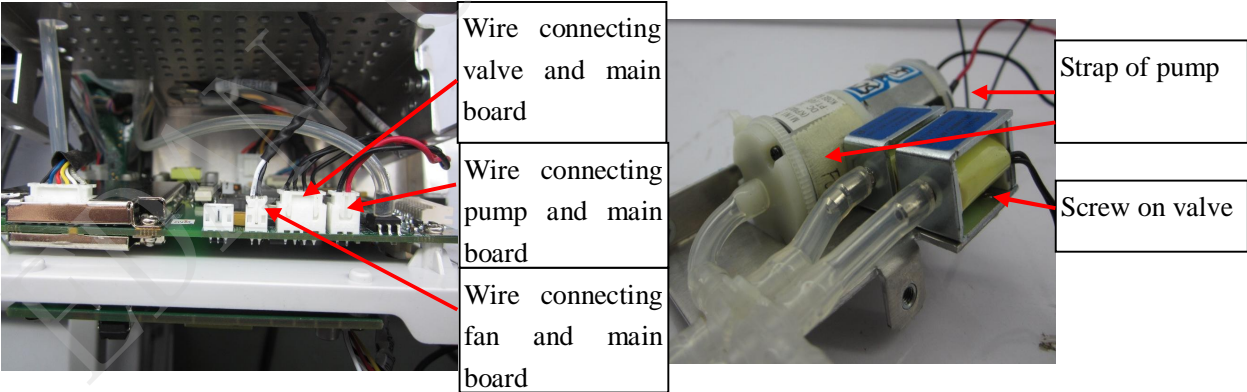
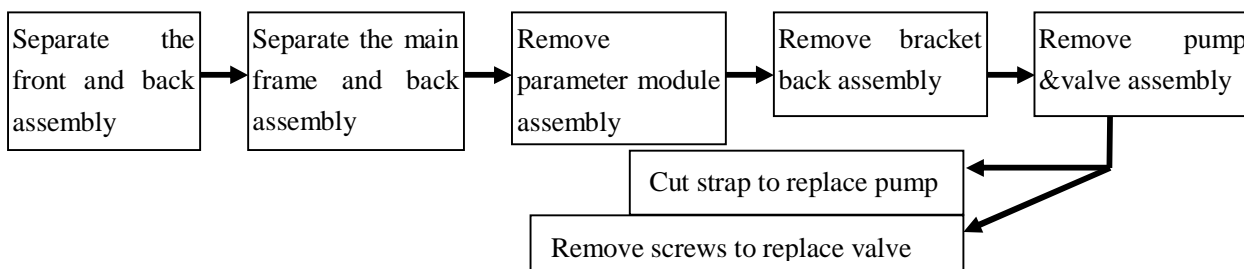


Figure 8-10 Replacing Pump&Valve



Assemble the pump&valve in the reversed order.

8.5.6 Replacing the Battery Interface Board

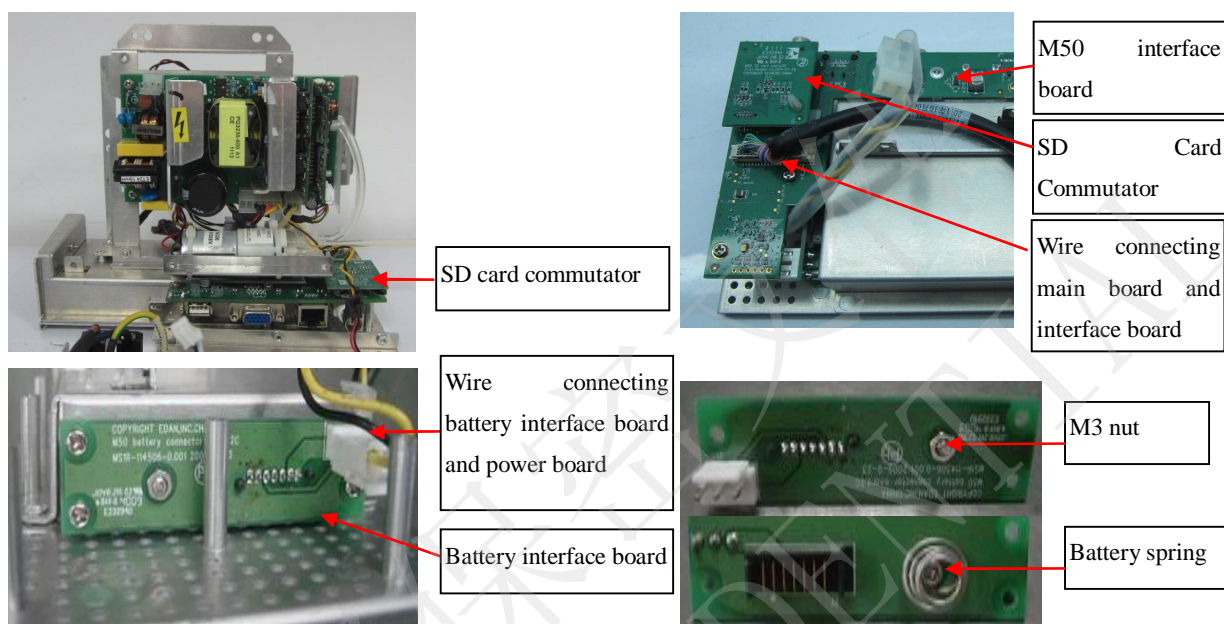
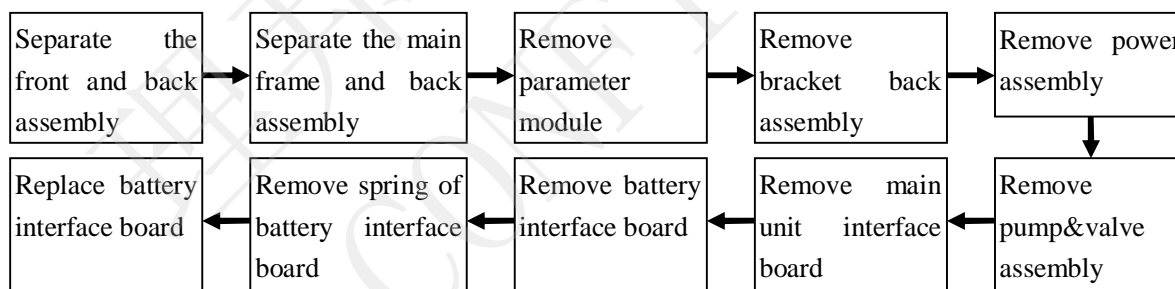
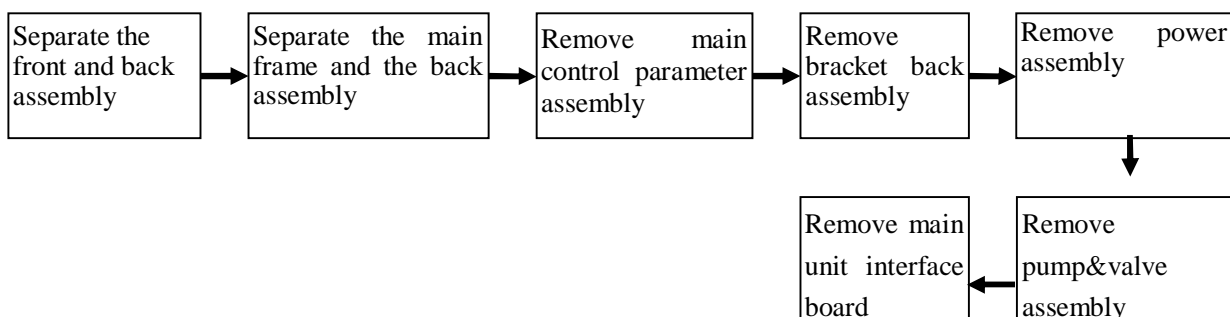


Figure 8-11 Replacing Battery Interface Board



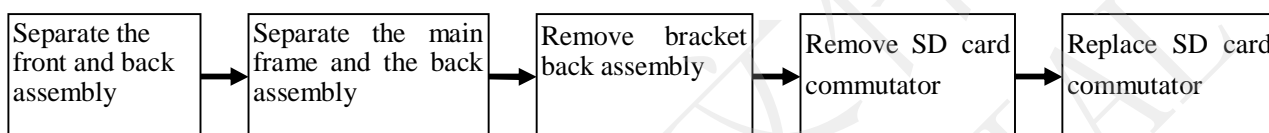
Assemble the battery interface board in the reversed order.

8.5.7 Replacing the Main Unit Interface Board



For detailed information, please refer to section 8.5.5.

8.5.8 Replacing the SD Card Commutator

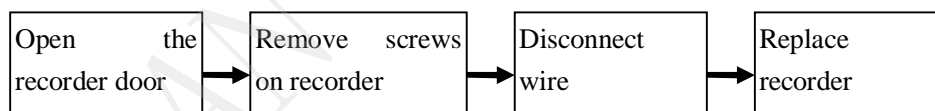


Assemble the SD card commutator in the reversed order. For detailed information, please refer to section 8.5.5.

8.5.9 Replacing the Recorder



Figure 8-12 Replacing Recorder



Assemble the SD card commutator in the reversed order.

8.5.10 Replacing EDAN EtCO₂ Module

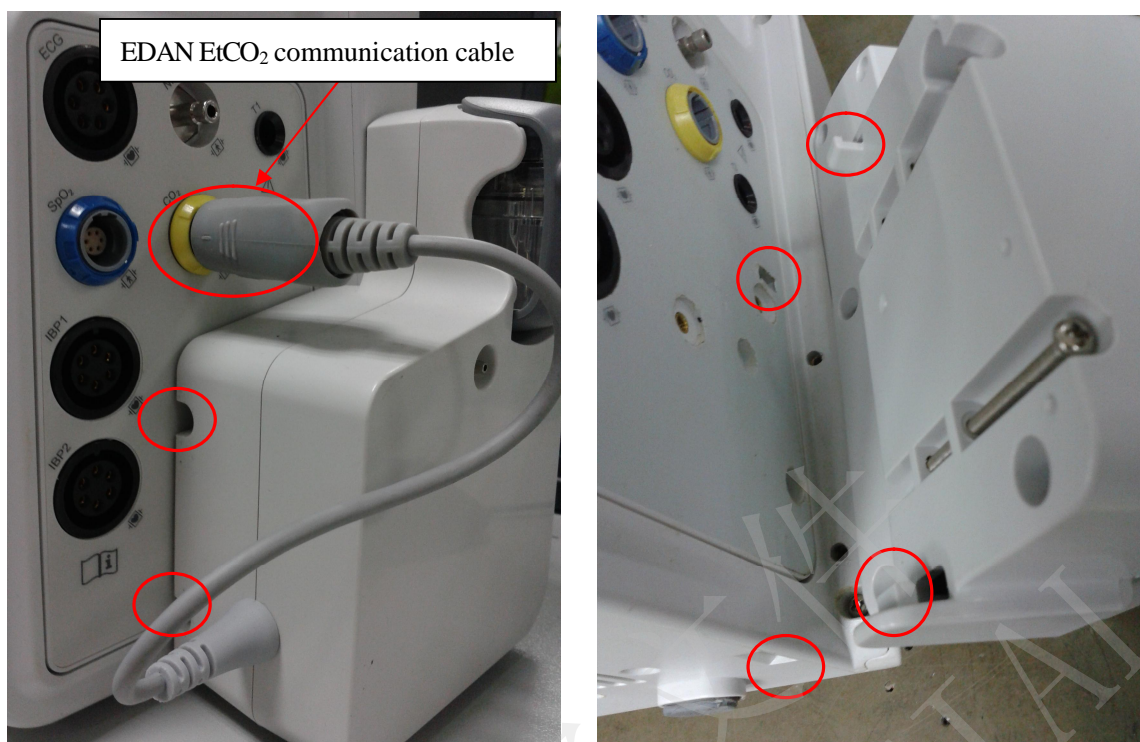
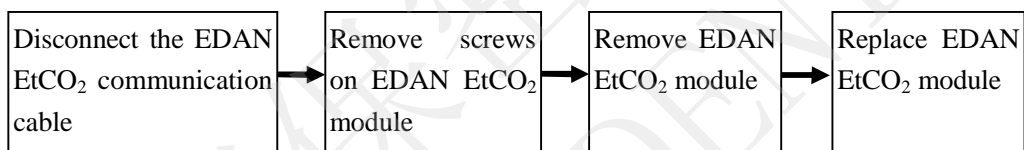


Figure 8-13 Replacing EDAN EtCO₂ Module



Assemble the EDAN EtCO₂ module in the reversed order.

Appendix 1 Replaceable Parts

WARNING

Only connect the replaceable parts supplied by EDAN to the monitor.

Section	Parts	Part Number
8.4.1	Touch Screen	01.16.78122
	LCD Protective Screen	01.51.114533
8.4.2	LCD	01.16.045102
8.4.3	Silicone Keys	01.60.410174
8.4.4	Key Board	02.03.114455
8.4.5	Knob Board	02.02.16803
8.4.6	Display Drive Board	02.03.451757
	Touch Screen Commutator	02.02.114511
8.4.7	Alarm Indicator Board	02.02.114461
8.5.1	Power Module Assembly	02.01.112205
8.5.2	Speaker	01.14.038010
	Fan	21.58.472030
8.5.3	CO ₂ Commutator	02.02.114575
	IBP-CO module	12.03.33864
8.5.4	X5V (9G45) Main Board	02.03.451245
8.5.5	Pump	01.58.472008
	Measurement Valve	01.58.472009
	Safety Valve	01.58.472010
8.5.6	Battery Interface Board	02.02.114507
8.5.7	Interface Board	02.03.451449
8.5.8	SD Card Commutator	02.02.114509
8.5.9	Recorder	02.01.210633
8.5.10	EDAN EtCO ₂ Module Assembly	02.01.211360
Others	Lithium-Ion Battery	01.21.064142
	Lithium-Manganese Button Cell	01.21.064095

NOTE:

The part name may differ in documents, but the part number shall prevail for all purposes.

P/N: 01.54.455510
MPN: 01.54.455510013



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